

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Rehabilitation Hospital of Indiana**

Year: 2003 City: Indianapolis Peer Group: Specialized

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$34,281,105	Salaries and Wages	\$12,227,435
Outpatient Patient Service Revenue	\$5,739,215	Employee Benefits and Taxes	\$4,340,479
Total Gross Patient Service Revenue	\$40,020,320	Depreciation and Amortization	\$1,035,267
<b>2. Deductions from Revenue</b>		Interest Expenses	\$391,570
Contractual Allowances	\$13,603,503	Bad Debt	\$889,046
Other Deductions	\$0	Other Expenses	\$7,726,482
Total Deductions	\$13,603,503	Total Operating Expenses	\$26,610,279
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$26,416,816	Net Operating Revenue over Expenses	\$131,985
Other Operating Revenue	\$325,448	Net Non-operating Gains over Losses	\$0
		Total Net Gain over Loss	\$131,985

Total Operating Revenue	\$26,742,264
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6. Assets and Liabilities	
Total Assets	\$21,701,470
Total Liabilities	\$24,671,148

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$23,531,948	\$7,998,860	\$15,533,088
Medicaid	\$480,244	\$163,242	\$317,002
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$16,008,128	\$5,441,402	\$10,566,726
Total	\$40,020,320	\$13,603,504	\$26,416,816

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$94,548	\$58,954	\$35,594

Educational	\$14,585	\$22,970	(\$8,385)
Research	\$0	\$0	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	275
Number of Hospital Patients Educated In This Hospital	740
Number of Citizens Exposed to Health Education Message	280

#### **Statement Four**

#### **Annual Summarized Community Benefit Statement on Nonprofit Hospital**

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Marion	<b>Community Served</b>	Serving Marion County and contiguous counties of Boone, Hamilton, Hancock, Hendricks, Johnson, Morgan and Shelby.
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#### **Hospital Mission Statement**

Dedicated to assisting individuals in achieving their highest potential. Involved in community education, and prevention program, support advocacy organizations, committed to charity care, and encourage participation in professional organizations.

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	NO
Community Education	YES	Clinic Support	NO	Needs Assessment	1997

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>Persons served in last twelve months</b>	NR	NR	NR
<b>Charity Care Allocation</b>	(\$10,584)	(\$126,588)	(\$24,555)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
All Programs	(\$371,740)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$34,555)
<b>2. Community Health Education</b>	(\$10,915)
<b>3. Community Programs and Services</b>	(\$371,740)
<b>4. Other Unreimbursed Costs</b>	(\$5,941)
<b>5. Total Costs of Providing Community Benefits</b>	(\$423,151)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
None	\$0

**For further information on these initiatives, contact:**

Hospital Representative: Dennis Armington

Telephone number: 317/329-2000

Web Address Information: [www.rhin.com](http://www.rhin.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	275	109
2. % of Salary	Salary Expenses divided by Total Expenses	46.0%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	68.9	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	13.6	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	NR	\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$18,530	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	14.3%	11.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$267	\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	58.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	3.3%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$34,555)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	0.5	5.0

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.